



PTO/SB/36 (02/01)

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**REQUEST TO RESCIND PREVIOUS  
NONPUBLICATION REQUEST  
35 U.S.C. 122(b)(2)(B)(ii)**

Application Number	09/990,432
Filing Date	11/21/2001
First Named Inventor	Jules B. Puschett
Title	Method of Determining Volume Dependent
Atty Docket Number	205204-00009
Group Art Unit	1641
Examiner	

I hereby **rescind** the previous request that the above-identified application not be published under 35 U.S.C. 122(b).

11/11/2002

Date

Signature

Arnold B. Silverman

Typed or printed name

This request must be signed in compliance with 37 CFR 1.33(b).

Note: Filing this rescission of a previous nonpublication request is considered the notice of a subsequent foreign or International filing required by 35 USC 122(b)(2)(B)(iii) and 37 CFR 1.213(c) if this rescission is filed no later than forty-five days (45) days after the date of filing of such foreign or international application. See 37 CFR 1.137(f) if a notice of subsequent foreign or International filing required by 35 USC 122(b)(2)(B)(iii) and 37 CFR 1.213(c) is **not** filed within forty-five days (45) days after the date of filing of the foreign or international application.

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Name (Print/Type) Sylvon C. McCarthy

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Date

11/11/2002

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\*Hypertension Through Protein Reduction in Phosphorylation or Concentration and Related Apparatus



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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/990,432	
	Filing Date	11/21/2001	
	First Named Inventor	Jules B. Puschett	
	Group Art Unit	1641	
	Examiner Name		
Total Number of Pages in This Submission	2	Attorney Docket Number	205204-00009

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
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<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Arnold B. Silverman Eckert Seamans Cherin & Mellott, LLC
Signature	
Date	November 11, 2002

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